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Original Department.

Communications.

CASES OF INTRA-OCULAR HEMORRHAGE FROM INJURY TO THE EYE.

By Laurence Turnbull, M. D.,
Of Philadelphia.

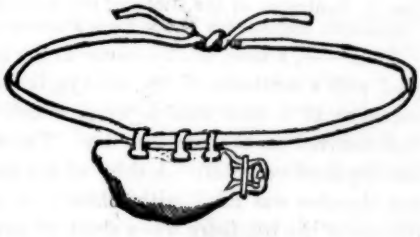
Blood may be effused into the anterior chamber of the eye, (hypoæma,) into the vitreous chamber, (hæmophthalmia,) or, in extreme cases, into both.

Effusion of blood into the anterior chamber of the eye may occur from severe straining effort, as from coughing, blow with a twig of a tree, or whip, etc. This, if neglected or attended with slight abrasion of the cornea, may produce loss of vision, but simple filling up of the anterior chamber with blood, is not usually considered a severe injury. If the blood cannot be seen, and is effused into the vitreous humor or surface of the retina, it is an accident which is often destructive of vision. We have often had the anterior chamber filled up with blood after the operation for cataract, and the patient will have a red glare before the sight, and no vision, but it only requires from twenty four hours to three days, before it is all absorbed. This is accounted for, according to Mr. Bowman, by the blood mixing with, and its red particles swelling and giving their coloring matter up to the aqueous humor.

When blood is effused upon the retina, sudden loss of sight results; if but a portion is covered, that part not covered may perform its function. There is a strong red glare before the eye, with deep-seated pain, and the iris rigid.

After a time, the clot in the vitreous humor may assume a greenish tint, or brownish flakes floating may be seen by the ophthalmoscope.

The following cases show the good effects of active depletion and the use of dry cold in the form of ice to the eye, after such severe injuries. My attention was specially called to the use of this form of cold by reading the brief essay of "Esmarch,"* who observes, "I also make use of continuous abstraction of heat in many cases of diseases of the eye. In all cases of injury of the eye, whether superficial or deep, dry cold is a remedy which is surpassed by no other. I am in the habit of applying an ice-bag to the eye, of the form represented in the figure.



Form of Ice-Bag.

"In most cases the pain disappears under this treatment, so that bleeding, which remedy I usually employed early, becomes unnecessary.

"The reason why 'eye doctors' are so much afraid to use cold, is that most of them are acquainted with its effects only as shown in the application of cold compresses. Frequently the eye does not bear moisture well, and the constant changing of the compresses irritates this delicate organ so much that the beneficial effects of cold have no chance of showing themselves. If the ophthalmic surgeon would only make use of proper ice-bags,

* On the Use of Cold in Surgery, by Fr. Esmarch, M.D., Professor of Surgery in the University of Kiel. Translated for the New Sydenham Society. London, 1861.

such as, when filled with small pieces of ice, adapt themselves easily and without pressure to the closed eye, they would soon become convinced of the excellent effects of cold in most ophthalmic inflammations. In applying these ice bags, it is best to cover the eye with a piece of lint, and to keep the bag in position by passing a piece of tape through the rubber rings which are attached to the bag, and then tying it around the head."

He also states, that as early as 1846, when a student at Gottingen, he had the opportunity of seeing cold used in most cases of inflammation of the eye which happened to come under the care of Prof. Ruete, his esteemed master. He made use of cold with great perseverance, and often with such remarkably favorable results, that he was even then convinced that the efficacy of this powerful remedy mainly depended on its being applied in a proper way. The following are two illustrative cases from his work, and two which occurred in my own practice.

Case I. Contusion of the Globe of the Eye; Hyperæmia; Application of Ice for a Fortnight.

T. H——, a man, æt. 26, came to the hospital with a contusion of his left eye, in consequence of a blow with a whip, which he had received on the previous day. The cornea appeared very dull. A third of the anterior chamber was filled with blood. In the texture of the iris there was a speck of extravasated blood, of the size of a hemp seed. The patient had great intolerance of light, and could only indistinctly recognize even large objects. He complained of scintillation and pain in the eye and forehead. I made him keep his bed, placed an ice-bag on the eye, had him bled twelve ounces, and ordered him saline draughts. After the ice had been used continually, day and night, for a fortnight, the man was nearly well, and at the end of the third week, left the hospital completely cured. The extravasated blood had been entirely absorbed, the hyperæmia had disappeared, and the power of sight was completely recovered. But even in those cases in which the injury has affected the internal tunics of the eye, in which it has been so extensive that the whole organ must become destroyed by it, by using ice the process of atrophy takes place with very little pain, and with scarcely any disturbance of the general health of the patient, which is, I believe, never the case when the affection has been treated by cataplasms. The following case may serve for an instance.

Case II. Destruction of the Eye by Small Shot; Application of Ice for Four Weeks.

F. S——, a strong man, æt. 28, received on the 25th October, 1858, a charge of small shot on the left side of the face, from a distance of three yards. The shot struck the left cheek in the line extending from the tip of the nose to the mastoid process. The patient lost his sight immediately after he had received the shot. The cheek began to swell rapidly, and the numerous wounds bled freely. When he came to the hospital, two hours after the accident, the whole left side of the face was enormously swollen, especially the eyelid, the cheek, and the left side of the nose, the tip of which seemed pushed toward the right side. Many small openings, with blackened margins, were visible on the swollen surface. They were most densely shown just below the left eye, in an area of about an inch in diameter. Some of the wounds were examined with a probe, for the purpose of finding out what direction the shot had taken. We came to the conclusion that some of the shot which had entered in the neighborhood of the nose, had gone into the upper jaw, whilst those which had entered the cheek, had travelled for a distance through the soft parts, and passed out again in the neighborhood of the parotis. Some of the shot had struck the ear. None had entered above the eye, but the eye was lacerated, and the globe had collapsed. In the cornea there was found an opening of the size of a hemp-seed. The conjunctiva and the eyelids were enormously swollen. The patient complained of violent pain in his eye; his pulse was 64. Blood still oozed from many of the openings. A quarter of a grain of morphia was ordered, an ice-bag was placed on the eye, and another on the cheek. Without giving any details of the case, suffice it to state, that during the whole time the ice-bag remained on the eye, and if any attempt was made to remove it, the pa-

tient felt at once increased heat and pain, but the eye was quite painless, as long as the ice was upon it, which was until the 29th of November. After the irritation of the conjunctiva had been completely subdued, the patient left the hospital.

Although some shot had certainly lodged in the eye or gone through it, no suppurative ophthalmia had been developed, and the eye had caused but little pain to the patient. The anterior chamber was clear, but its size was diminished, in consequence of the iris having been drawn toward the cornea. Through the pupil, the lens was seen, of a snow-white color. Whoever has witnessed the long-continued and terrible suffering which attends suppuration of an injured eye, when the case is treated by cataplasms, will, I am sure, appreciate how favorable a course this case took under the treatment by ice.

Case III. Severe injury of the Eye from a blow with a Stone; Recovery in three weeks.

James K——, æt. 12 years, school boy, while standing with a crowd of boys, July 2d, 1868, who were throwing stones at each other, was struck with a stone in the left eye, lacerating the sclerotic coat causing instant blindness. When brought to my office, the pupil was widely dilated, and conjunctiva very much injected, but no blood could be seen in the anterior chamber. The pain and feeling of distension made it evident that blood was effused into the posterior cavity.

Treatment. One quarter of a grain of sulphate of morphia, free leeching all around the eye, and ice in a bag was directed to be kept applied constantly day and night.

3d. Pain not so intense, the ice gives him great relief; continued treatment.

10th. Able to be examined with the ophthalmoscope. The retina was found covered with extravasated blood, varying in color from a bright-red to a deep chocolate, while a small quantity of minute flakes were seen floating in the viterous. Added to treatment large dose of acetate and iodide of potassium, to assist in absorption.

13th. Power of vision returning slowly, with a red glare before the eye. By the 24th was so well that he was desirous of returning to school, but on attempting to read had a return of pain and distress in his eye. Made use of the ice-bag and former treatment. In the course of two weeks more he was able to bear a moderate amount of reading, and he ultimately recovered the sight of his eye.

Case IV. Severe Injury of the Eye from an Arrow Recovery, with a good looking Eye and moderate amount of Vision, under the Ice Treatment.

Mrs. John F——, æt. 40 years; while fixing the bow for her little boy, and having it turned toward her, accidently shot the arrow with all her force into her eye, striking on the side of the cornea, tearing the tissue of the eye, and causing complete blindness for seven days. I pursued the same treatment as in the other case, and was able on the 5th of October to examine it with the ophthalmoscope. The surface of the retina was studded with blood spots; left side more dense than the right, and she could count her fingers on that side.

Oct 10th. Dilatation of the pupil, which was of an ovoid form. After the absorption of the blood a moderate amount of vision was obtained, but the pupil did not return to its normal size until the Calabar bean had been employed for sometime. On the 25th day of November she was so well as not to require further attention.

Before concluding this paper, I would state that I have used with much advantage, both in hospital and private practice, cold applications in ophthalmia neonatorum, also in catarrhal and blennorrhœa ophthalmia, in conjunction with alum, and find them rapidly improve, but I much prefer now the use of ice, which causes the inflammation to run a shorter course, and the intolerance of light to be relieved much more rapidly.

The following case from LAWSON, will show the injurious effects of a similar case when neglected:

"J W.——, æt. 30 years, was admitted into the hospital, under Mr. STREATFIELD, on February 22d, 1858. Sixteen years ago, his left eye was wounded by an arrow, and its power of vision reduced to a mere preception of objects.

During the last ten years he had re-

ceived repeated blows on this eye. Two years ago he had a severe blow on the left temple, after which the globe began to enlarge.

Ten days since he received another blow, which ruptured the staphylomatous portion of the globe.

State on admission. The right eye was normal; the left eye—no perception of light tension = T 1.; cornea transparent, anterior chamber almost full of blood. A bluish-red substance beneath the conjunctiva, near the lower corneal edge, made the globe appear irregular and large. Mr. Streatfield excised the eye, and on opening the conjunctiva coagulated blood escaped.

Examination of the Eye after excision. The blood which was seen when the conjunctiva was divided in the operation for the removal of the eye, was due to a rupture in the staphylomatous portion of the sclerotic, and had accumulated beneath the membrane. The globe was then divided vertically. The sclerotic was found to be thinned throughout its entire extent. The rupture was in the staphylomatous portion; in the ciliary region, at the lower and outer portion of the eye. The whole cavity of the globe was filled with dark red coagulated blood. The choroid and retina were detached, and pushed forward to the posterior surface of the iris. The coagulated blood was easily detached from the outer surface of the choroid, from which the bleeding appears to have originated. No lens or vitreous could be found. The kind of injury to which the eye is subjected, will, however, often determine the chief seat of the hemorrhage, irrespective of the soundness or unsoundness of the eye at the time of the accident."

CASE OF ANEURISMAL VARIX TREATED SUCCESSFULLY BY OBLITERATION OF THE VEIN.

By John W. Monmonier, M. D.

Demonstrator of Anatomy, Washington University, Baltimore, Maryland.

During the battle of the 3d of July, 1863, at Gettysburg, Pa., Prof. Aristide Mauvin, Co. K., 8th La. Infantry, C. S. A., whilst his command was charging Cemetery Heights, was wounded in the right upper extremity; the ball (minie), striking obliquely the internal condyle of the humerus, split into several sharp and ragged fragments, one of which buried itself deeply in the superior portion or origin of the flexor carpi ulnaris, flexor sublimis and flexor profundus digitorum muscles. Upon a careful examination, after the extraction of the fragments, I found the internal condyle indented, without fracture, and some little hemorrhage, which I, at the time, supposed was caused by a wound either of the *posterior ulnar recurrent* or anastomotica magna arteries. Upon the application to the wound of a pledget of lint, saturated with a solution of per-sulphate of iron, the hemorrhage soon ceased. This soldier remained with his command, and was not sent to the general hospital. About two weeks after the reception of the injury, the wound had entirely healed, and one morning he reported to me that there was a considerable tumor near the point at which he had been wounded, and which at times pulsated. After carefully examining the tumor, which was about the size of a pigeons' egg, I was satisfied that there existed an aneurismal varix, which was caused by the brachial artery and median basilic vein having been either contused or slightly punctured by a fragment of the ball.

Well knowing the advantages derived, in case of varicose veins and ulcers, from the use of acupressure and consequently obliteration of the distended veins, I determined to resort to this procedure in order to arrest the circulation in the vein. Accordingly the median basilic vein was well isolated from the brachial artery, and two steel pointed needles, about an inch and a half in length, and about the diameter of an ordinary darning needle, were carefully passed beneath the vein, one above and the other below the tumor, and twisted sutures of surgeon's silk were applied in the form of figure of eight around the heads and points, so as to compress the vessel between the sutures and needles, and the point of each needle was armed with a small clamped buck-shot in order to prevent wounding of the integument. From day to day, I noticed considerable diminution in the pulsation of the tumor, and

about two weeks after the operation it had entirely ceased, and nothing remained of the tumor but an indurated cord. During the period in which the needles remained *in situ*, the man suffered no ill effects, except at times he complained of neuralgic pains, due, as I suppose, to some of the filaments of the internal cutaneous nerve having been included between the sutures and needles. He was returned to duty perfectly relieved, and continued, as he had been previously, a good soldier, and was subsequently killed in December, 1864, in front of Petersburg, Va.

THE PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF ALBUMEN.

A paper read before the Obstetric Section of the New York Academy of Medicine, May 18, 1868, *in a discussion of the relations of Albuminuria to Puerperal Convulsions.*

BY JOHN H. GRISCOM, M.D.

The surplusage of Albumen in the urinary secretion, and its relationship with certain pathological symptoms, especially of dropsy and puerperal convulsions, constitutes one of the most interesting discoveries of modern medical science, and has proved to be an important basis of medicinal treatment. But its presence in the urine only, cannot be justly regarded as the direct or immediate cause of these disorders, its elimination by the kidneys being merely indicative of its existence in the general circulation, and of its partial removal therefrom. Its presence in the blood is very probably productive of deranged nutrition of various tissues, and impairment of the capillary circulation, whereby deposits of serum are made in various parts denominated dropsy, also disturbance of the central nervous tissues, most probably the cause of the convulsions referred to.

It is well known that the serum of the blood is normally composed in part of this same element, in a proportion moderate enough to enable it to perform its nutritive functions, but when increased to an amount so great as to interfere therewith, its functions must not only be deficiently exercised, but it may also render some parts of the capillary organization congestive, to a moderate, or even an extensive degree. Especially if existing in a very extravagant proportion, as an element of the circulating fluid, its *coagulation* may possibly be produced by the presence of some acidulous ingredient, or by increased temperature, whereby a suspension of the circulation must ensue, and may result in ulceration, sphacelus, or gangrene.

An illustration of the possibility of this effect internally, is observable in the action of nitrate of silver applied externally, the suspension of the circulation and destruction of the cutaneous tissue being produced by the coagulation of their albuminous element.

Although the term *albuminuria* is correctly expressive of the real circumstance under discussion, another term will more appropriately represent the general superabundant prevalence of this element, for which purpose the term *albuminæmia* is hereby suggested, being the analogue of anæmia, hyperæmia and pyæmia.

The next question of importance is *the source* of this *hyper albuminæmia*. The normal proportion of this ingredient of the animal tissues is doubtless derived from various materials used for food, as it constitutes a part of almost all vegetable and animal aliments, and there are some of which it proves almost the entire structure, for example eggs and milk. When held in solution by water it is readily digested and assimilated, and is a highly nutritive article, but a superabundance of it in the circulation probably diminishes its nutrient powers, and the diminished proportion of water renders it more liable to coagulation by the means before mentioned, and also by alcohol.

The source of its peculiar extra existence during pregnancy, and the consequent production of convulsions during that period, constitute another highly interesting point worthy of attention. The preparation of the mammary secretions during pregnancy, for the subsequent nourishment of the child, is a very peculiar physiological operation, and clearly indicates the necessary existence in the mother's organization of increased material for the purpose, the principle element of

course being the main constituent of the lacteal fluid, viz. albumen. Hence it may be inferred that during pregnancy, even months before the mammary secretion is required, a surplus of this element may exist in the blood, whence is derived its elimination by the kidneys, and other physiological variations productive of the pathological symptoms under our special consideration. In all cases of utero-gestation it is evident that the organization needs to be more fully supplied with albumen, both for the fœtal development and for subsequent lactation, and in some cases it is probably produced too rapidly and abundantly before required for the latter purpose, the appropriate prophylaxis for which would naturally seem to be the avoidance of those dietaries from which it is most likely to be generated.

The appropriate treatment of puerperal convulsions, and also of dropsy, derived from this peculiar source, viz. *albuminæmia*, is evidently the removal of the cause, by increase of the secretory functions, with diuretics, diaphoretics, and hydragogue cathartics, and the avoidance of albuminous elements of diet. Its removal from the circulating fluid will necessarily restore that fluid to its normal status and promote its general nutrient capacity, whereby its former irritant properties will disappear.

In several cases of convulsions, threatening an early fatal result, and for the avoidance of which some more prompt and effective treatment is needed, it is rational to believe that the removal of a portion of the overburdened albuminious blood by venesection, would relieve the oppression produced by it, and afford an opportunity for the substitution of a more normal and nutritious portion, whereby the nervous and other functions may be restored to a healthy condition.

After the reading of this paper, the discussion continued, and a member of the section, Dr. James Kennedy, a gentleman of very extensive professional experience, confirmed the views therein presented, by stating that he had successfully treated several cases of puerperal convulsions with the lancet.

A NOVEL MODE OF TREATING STRABISMUS.

By. P. H. Vander Weyde, M. D.

A long time since, I intended to bring before the profession an original plan of treating strabismus in its early stages, which I have followed, in a large number of cases, with the most satisfactory result.

I found that the opaque spectacles, with central holes, recommended and extensively used some years ago, and intended to compel the axis of each eye to coincide with these holes, did more harm than good, as constantly only one eye of the patient was looking through its corresponding hole, the other eye could not be induced to do it; whatever pains were taken in shifting the distance of the holes, it would always be turned inward, and occasionally outward, as is well known. This last fact placed me on another track, as it induced me to compare the strength of the two eyes, in relation to their optical power, as well as to their capability of directive agency. I found soon, that always without exception, one eye was much weaker, deficient, and not used by the patient, who saw only by the eye of which the axis was directed toward the object looked at (this eye being the strongest), the deficient eye was turned from the normal direction. In closing the normal eye with the hand, the patient had always great trouble in directing the squinting eye, and directing it properly, so as to see distinctly. In order now to exercise this eye, I had the normal eye simply covered up for a short period of time, say fifteen minutes, till the other eye had commenced to be normally directed, and by practice did see distinctly; then the normal eye was uncovered, and usually both eyes were now seen in the right position, with parallel axes, which position, however, only was temporary, after the first lesson to the weak eye. Therefore, the patient has to be watched, and as soon as strabismus was seen to return, the normal eye has to be covered up again, for a few minutes or seconds only, if this proves sufficient to give the right position to the other eye. Care must be taken not to cover the normal eye for too long a period,

as then *this* may begin to squint. The treatment must be persisted in for some days, and then usually effects a cure lasting a few weeks, when the tendency often appears to return, and the treatment of covering up the normal eye must be repeated. After a few months the cure is permanent. Of course, great caution is necessary, not to be mistaken which is the weakest eye, and when the little patient is intelligent, and of a disposition willing to assist in the treatment, a warning (as soon as squinting is observed to return) will be sufficient to make him or her cover up the normal eye with the hand, and attempt to bring the squinting eye in an axial direction Among many other cases, the writer of this has treated with perfect success, in the last mentioned manner, his daughter, who at the age of six or eight years, was subject to strabismus in quite a strong degree, and which, rapidly getting worse, would surely have ended in an operation on the muscles, which is objectionable for two reasons: turning of the eye into an opposite direction, and making the eye operated upon more prominent and apparently larger than the other. All this is avoided by an early treatment as above described.

It is clear that my treatment is based on the theory that the cause of strabismus is an inequality in the strength of the two eyes, the weaker one taking little or no part in the act of sight, and that the treatment tends to strengthen the weaker eye by judicious exercise. I believe that strabismus may be brought on by using one eye too little, in comparison with the other, but in most cases results from a natural inequality, and am confident that this theory will be found correct in a majority of cases in young children. As regards adults, I confess to have no experience with this treatment, which never failed in my hands in the cases of children.

—— The medical school of the University of Berlin numbered last winter 425 students, of whom 64 were foreigners; this summer it has 401, of whom 66 are foreigners. It has 14 ordinary professors, 12 extraordinary, and 24 private instructors.

OPERATION FOR HERNIA OF THE BLADDER.

By J. SCOTT, M. D.,
Of Parkersburg, W. Virginia.

On the 16th of June, 1868, I was requested to see a bright mulatto woman, named Matilda Lacy, who had been for several years chambermaid on board the steamboat George Thompson, commanded by Captain PARRISH. She lay at the house of the captain in Newport.

The hernial tumor was irreducible by taxis, aided by chloroform, etc.

It differed from crural and inguinal hernia, though somewhat resembling both. It was on the right side. The patient stated that she had had attacks somewhat similar, on former occasions, which had been successfully reduced by taxis, but this attack resisted every attempt at such effort. The symptoms were violent, and she was evidently so rapidly sinking, that a few hours delay threatened a fatal result. On representing the facts to her and the family with whom she resided, she and they at once consented to an operation, and afforded every facility which the case required.

Assisted by Drs. MCLANE and WILLIAMSON, without any delay, the patient was put under the full anæsthetic effect of chloroform. I made an incision from the top to the base of the tumor, through the skin and cellular tissue; the intervening structures were then carefully divided on a grooved director down to the sac, when instead of omentum or colon or ilium, the displaced fundus vesicæ came in view. It was much distended with urine and gas. To remove all doubt as to the viscus brought into view, a catheter was introduced by the meatus urinarius, which at once showed itself to be within the bladder, but below the stricture, though coming in contact with the finger above the os pubis. So great was the stricture, that the instrument could not be passed to the fundus. If this could have been effected, the urine and gas which had accumulated in the fundus would have been evacuated, the organ would have collapsed, and reduction would have been easily effected; but so great was the resistance, that the surfaces of the bladder must have been

completely united together by adhesion, the result of inflammation superinduced by the stricture. I look on this symptom as a very singular one, and complicating the case in a way that I never saw or read of before.

Pressure on the fundus, aided by the catheter below the stricture, totally failed in forcing the contents of the fundus through the strictured part. As this could not be effected, it became necessary, in order to effect the reduction of the tumor, to divide the transversalis fascia, and even a few fibres of the transversalis muscle. After the last division had been performed, the reduction was effected. We hoped that on the return of the fundus to its proper place, that the pressure of the gas, and the general accumulation of the urine would open a communication between the fundus and the neck of the bladder. In this our hopes were realized; in a few hours the gradual accumulation in the fundus dilated the stricture, and the urine passed off freely by the natural channel, and has since been voided regularly without pain or inconvenience.

The lips of the wound were brought together and secured by four sutures. The whole secured by adhesive straps and bandages. Union by the first intention took place nearly throughout its whole extent, and the patient is now fully recovered.

Editorial Department.

Periscope.

Adulteration and Administration of Cod-Liver Oil.

It is well for physicians occasionally to test the drugs they use, and hence the following extract, from a lecture of the distinguished chemist, Dr. W. A. Wetherbee, found in the *Jour. of Applied Chem.*, will have considerable interest

"The great demand for refined cod-liver oil for medicinal purposes, and its comparatively high price, have led to its extensive adulteration, and to the substitution of less valuable oils, on the part of unprincipled dealers and manufacturers. Among these may be mentioned common lamp oil, and that obtained from the livers of the shark. The latter may be detected by having a specific gravity of only 0.866, while the true article, as we have stated, has that of not less than 0 92. The shark liver oil behaves much as the genuine article with certain chemicals, and therefore the specific gravity test is generally considered the most reliable.

A drop of sulphuric acid, added to fresh cod-liver oil, contained in an appropriate glass or porcelain vessel, produces a centrifugal movement in the oil, and gives first a beautiful violet color, which soon becomes yellowish or brownish red, or, as is the case with oil extracted from livers by boiling in water, a clear red. This difference in color has not yet been satisfactorily accounted for, but is probably due to some dichrotism in one of its ingredients.

With nitric acid, the pure oil produces a pinkish or rose-red color, which afterward changes to brown, an effect not produced on any other animal or vegetable fixed oils. When heated in contact with chloride of ammonium, potash and lime, it gives off the marked characteristic odor of propylamine, or herring pickle smell, which other oils do not. The odor of lamp oil is a sufficient test of its impurity, while an absence of the peculiar smell resembling shoe leather, is also an evidence of adulteration or substitution. When the oil has been properly filtered, ready for use, it should be stored in glass bottles, well filled, so as to exclude the air, and securely stopped, otherwise it is very apt to become rancid and offensive, both to the taste and smell, and no doubt it is equally deteriorated in medicinal qualities. We have also found that exposure to a strong light for a considerable time, will produce a deposit at the bottom, even when it has been very carefully prepared and filtered clear previous to boiling. We would therefore recommend that bottles containing it should be covered by perfectly opaque wrappers of thick paper, so as thoroughly to exclude the light. Bottles of less than the usual size would undoubtedly be better for the consumer.

If we regard cod-liver oil in the light of an organic compound, it would then seem especially important to observe all these precautions against any circumstance or condition which might tend to disorganize it, even though the oil should retain all its elements in an uncombined, free state. In cases of disease, the use of the oil has sometimes been found to produce congestion of the lungs, but it is generally considered as a very nutritive and efficacious remedy, entering more readily into the system, and possessing greater powers of constructive assimilation, than any other known agent of animal origin.

The greatest objection to its use as a medicine, is on account of its liability to produce nausea in the patient. For the use of such persons we subjoin a few formulæ, by observing which the oil assumes a less offensive character, and may be taken with impunity. In most cases, any of the more agreeable bitter tinctures or aromatics will be found sufficient as a vehicle or agreeable disguise in its administration. Tincture of orange-peel or of gentian, cardamom, ginger, etc., or an infusion of quassia, cinchona, wild cherry bark, etc., are among the most common. It is sometimes made into an emulsion with sugar and gum acacia, or eggs. BREFELD recommends the following method for preparing the emulsion: Take four ounces of the white cod-liver oil, add an equal quantity of Malaga or Hungarian wine, and make them into an emulsion with one ounce of pulverized gum acacia, to which is added one ounce of the syrup of orange-peel and two drachms of oleosaccharum of peppermint, the latter of which is made by triturating two drops of oil of peppermint with a quarter of an ounce of white sugar. The oil is also sometimes united with liquor potassæ, to form a soap, which may be flavored to suit the taste. After taking a dose of this mixture, it is recommended to take two or three drachms of lemon-juice, which forms a citrate with the potash, thus liberating the oil in the stomach. Several forms of syrup of cod-liver oil have also been prescribed, and many adopt the method of putting an ounce or two of porter in the bottom of a glass, and pouring the oil upon this, over the top of which is put the froth of the porter. The essential oil of bitter almonds, in the proportion of one part to two hundred of cod-liver oil, effectually disguises the latter. Another method is to shake a measure of cod-liver oil in a bottle or flask, with about twice its volume of cherry laurel water, after which it is allowed to stand till the two liquids separate. The oil is then decanted, and if it remains still a little turbid, it should be filtered before being administered. With isinglass, it has been incorporated into a jelly, and a few years since, an enterprising individual attempted to create a sensation by the manufacture and sale of a "cod-liver oil candy." Dr. URE, some years ago, suggested the somewhat novel method of administering the remedy without extracting it from the livers. These were cooked in salt water, and mingled with mashed potatoes. These cod-liver "croquettes," or "*croquettes au huile de morue*," were pronounced quite palatable, and not only became a nourishing article of food, but at the same time a serviceable medicine, none of its therapeutic effects being lost by this process. The oil is also used in liniments and ointments, and has been administered in gelatine capsules. The olein of cod-liver oil has sometimes been used with success, when the stomach could not endure the oil itself. In some cases in which an alkaloid, like quinia, morphia, or strychnia, is desirable in connection with this remedy, it is added in suitable proportions, and the whole heated together at a moderate temperature, until the salts are thoroughly dissolved, and the oil has resumed its original transparent appearance.

A Case of Malposition of the Female Urethra.

Dr. CORNELIUS B. FOX, M. R. C. P., Scarborough, says, (*British Medical Journal*, May 30, 1868): A widow lady, aged 84, summoned me in great haste a short time since, at 9.30, A. M., on account of retention of urine. I had, about two months before, attended her during an acute attack of bronchitis, and had relieved the most annoying symptoms of chronic cystitis, a disease from which she had suffered for four years. On my arrival, I ascertained that no urine had been passed for twelve hours, and but very little during the preceding day. The bladder was much distended, the tumor being painful on pressure. Having a rather large gum elastic female catheter in my pocket, I immediately attempted to pass it, but could not introduce the instrument further than one-third of an inch into a canal, whose aperture existed in the ordinary situation of the meatus urinarius. As the passage of a female catheter is undoubtedly a surgical proceeding (although physicians often undertake it, for one or two very obvious reasons,) and as a smaller instrument seemed necessary, I asked a surgeon to remove the urine as soon as possible. He found it impossible to pass either the smallest gum-elastic or smallest silver catheter more than a third of an inch into the canal above referred to. We accordingly ordered her forty minims of tincture of opium and a hot bath. At 5, P. M., she appeared somewhat worse. A very small quantity of urine had trickled away, but the bladder was more distended. Another attempt was made to pass a catheter, which was unsuccessful. It was surprising that, notwithstanding the great distension, there was so little constitutional disturbance. We ordered a turpentine enema, and a draught containing one drachm of tincture of opium, to be administered immediately. Whilst we were consulting together regarding the treatment, my companion made some remark as to the bare possibility of the existence of some malposition

of the urethra. At 9.30, P. M., we found her in a very nervous and excited state, partly due, doubtless, to the opium, which had not produced any narcotic effect. She had passed, during the action of the enema, as much as f.℥iss. or f.℥ij. of urine. Thinking it impossible that this quantity could have passed through the impermeable canal into which the catheters had been directed, I suggested that we should *see* our patient pass a few drops of urine. This feat was accomplished with some difficulty, but it resulted in the dispersion of all the obscurity that had hitherto surrounded the case. The urine was seen to issue from an orifice situated on the upper part of the anterior wall of the vagina, about three or three and a half inches behind and above the normal position of the urinary meatus, in close proximity to the anterior lip of the os uteri. A silver catheter was rapidly passed, and its introduction was followed by the exit of about three pints of dark ammoniacal urine. Our patient, of course, experienced immediate relief. The catheter was again, and for the last time, introduced on the following morning, after which she rapidly regained perfect control over the bladder. Appropriate remedies were then administered to remove the ammoniacal condition of the urine. The orifice of the vagina was observed to be small, but no other abnormality than that specified was discovered. She had never been pregnant, although married a great many years.

The foregoing case is of interest, not only to those who make obstetrics a specialty, but to all medical men. It may not also be unacceptable to pathologists and other scientific men, who are engaged in the study of abnormalities.

Iodine and Carbolic Acid.

A communication to the *American Journal of Pharmacy* contains a description of a new solution containing iodine, carbolic acid, and glycerin, which is claimed to possess superior therapeutic virtues. The solution is thus prepared: Take of the compound tincture of iodine, forty-five minims; crystallized carbolic acid, fused, six minims; glycerin, eight drachms; distilled water, five ounces.

The iodine color gradually disappears, and the solution eventually becomes colorless. The time necessary to complete this change depends on the temperature—at 60° Fah., eight to ten days are required; if the cork of the bottle is secured, and the mixture exposed in a water bath to a temperature of 90° to 100° Fah., the change will be effected in eight or ten hours. The change takes place as quickly in diffused light as in direct sunshine, provided the temperatures are equal. The solution exposed to sunshine, becomes somewhat turbid, and deposits a muddy precipitate.

The change is due entirely to the carbolic acid, glycerin alone, under similar conditions, effecting no change in the iodine solution, while carbolic acid acts equally well with or without the presence of glycerin.

The character of the change is probably the transformation of the iodine into iodide of formyle (iodoform) at the expense of the carbon atoms of the carbolic acid.

The solution possesses antiseptic and stimulant properties in a marked degree, and has met with favor as an application in the form of injections, gargles, and lotions "in cases of sore throat, ozœna, abcesses in the ear, and foul or indolent ulcers."

It has also been recommended as an injection in cases of internal hemorrhoids, and by inhalation for throat and bronchial affections. When used for inhalation the glycerin can be omitted.

Treatment for Ascarides.

Three correspondents write to the *Lancet* as follows, in reply to an inquiry as to the best treatment for ascarides. (Quoted by the *Medical Gazette*, New York.)

1. First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water; then (supposing the patient to be a child of five or six years of age) throw into the bowel two drachms of tincture of iron dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days if necessary. The state of the general health must be improved, and the vitiated mucous secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel at bedtime, followed by a dose of salts in the morning. Afterwards tonics, as the syrup of the phosphate of quinia, strychnia, and iron will most likely be required.

2. Tincture of perchloride of iron (B. P., 1867,) five drachms; infusion of quassia, fifteen and a half ounces; mix: two tablespoonfuls to be taken three times a day. Two drachms of tincture of perchloride of iron, to be used as an injection in half a pint of thin starch every third night.

3. The most prompt and effectual is the best olive oil, one tablespoonful at bedtime, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient.

Action of Phosphorus on Living Tissue.

A correspondent of the *Leavenworth Medical Herald*, writing from Paris, says:

"M. RANVIER has lately made, in connection with the study of the manner in which fatty degeneration takes place, some experimental researches upon the action of phosphorus on the living tissue. It is well known that phosphorus, when introduced in the economy, produces fatty degeneration of the liver, the kidneys, the muscles, etc., a change which is accounted for in various ways. According to some pathologists, they depend upon an inflammatory state of the tissues, caused by the irritating action of phosphorus; others pretend that this toxic substance prevents the absorption by the chyliferous vessels of the fatty matters, which being absorbed by the small branches of the venæ portæ, are conveyed to the liver and infiltrate that organ, (a theory which, however, does not account for the steatosis of other organs besides the liver); according to others, again, toxic steatosis is due to the destruction of red globules in the blood, but that is inexact; other, forgetting that various poisons exert the same action, pretend that phosphorus has the *special* property of determining fatty transformations. M. RANVIER sets aside all those theories, and shows by experiments that phosphorus produces no irritating action upon the tissues, and that on the contrary, it differs in that characteristic from all the other substances that may be employed, and which irritate the organs by acting as foreign bodies. His theory, as supported by the experiments he has made, is as follows: Phosphorus produces fatty changes, owing to its weakening the nutrition of histologic elements, and being a contra-stimulant of those elements. The presence of fatty matter in a cellule, which in a normal state contains none whatever, is due to the fact that the nutritive action of that cellule is diminished.

Reviews and Book Notices.

Report on Epidemic Cholera and Yellow Fever in the Army of the United States, during the year 1867. Washington: Surgeon-General's Office. 1868. 4to., pp. 156.

The total number of deaths from cholera in the army during 1866, was about 1250, while last year, 1867, they numbered only 230, although the disease was, if anything, rather more virulent in form, one dying in 1867, out of 2.19 cases, while, the previous year, the proportion was 1 : 2.22. This reflects most favorably on the efficient hygienic precautions used; for, after all is said, we know nothing about the treatment of cholera, and our only hope of lessening it is by preventive measures. Yellow fever was more prevalent. About 1500 cases, and 450 deaths are reported, among the latter 10 medical officers—a large per centage. Treatment was comparatively fruitless, and here again, reliance must be placed on careful hygienic rules, and especially quarantine and the removal of the commands to more healthy localities. The particulars of the various epidemics are detailed with great clearness in this report, and a copious appendix is added, giving statistical tables and full extracts from official reports of medical and other officers, referring to cholera and yellow fever. We have no doubt that the excellent instructions and suggestions embodied in the report last year, saved many lives to the service.

The Institutes of Medicine. By Martyn Paine, A. M., M. D., LL.D., etc. Eighth edition, revised. New York: HARPER & BROS. 1 vol., 8vo., sheep, pp. 1145.

When a book has been so long before the reading world as this of Professor PAINE, it is hardly necessary to do more than to inform our readers of the appearance of a new edition. This is, however, rather a reprint of the eighth edition, which appeared as far back as 1865. It contains some additional matter in the form of notes, and more complete references to the material in the text. The index is exceedingly full, and fits the book admirably for a work of reference. Whether or not Dr. PAINE's views stand in the march of science, we must recognize in him one of the ablest of their defenders.

A Manual of Extracting Teeth. Founded on the Anatomy of the Parts involved in the Operation; the Kinds and Proper Construction of the Instruments to be Used; the Accidents liable to occur from the Operation, and the Proper Remedies to Retrieve such Accidents. By ABRAHAM ROBERTSON, D. D. S., M. D., etc. Second Edition. Philadelphia: LINDSAY & BLAKISTON. 1868. 1 vol., 12mo., cloth, pp. 200. *Price* $1.50.

The objects of the writer are so fully set forth in the title-page, that it is unnecessary for us to speak of the contents of the volume. Such a work was wanted, and we are glad to see that a second edition has been called for. It is the only work of the kind in the language, and as it is often a disagreeable part of a physician's duty to pull teeth, especially in the country, such a handy, practical, little volume would be a useful addition to his library.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 25, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE TRANSMISSIBILITY OF MENTAL DISEASES.

It is one of the most peculiar and remarkable facts in medicine that diseases, purely physical in nature, have a facility of contagion beyond any others. None of us who have passed a twelve-month in a hospital, but have witnessed how epileptic and hysterical seizures run through a ward when a single case is admitted. Few of us but have seen the same identical pathological manifestations sweep through a camp meeting, or break out in ferocious emotions in times of so-called "revivals of religion."

This transmissibility is always more marked in inverse proportion to the enlightenment, the mental cultivation and logical training of a community. Among the Siberian and native American tribes whole families, and even whole villages, are occasionally seized by an epidemic temporary mania, which not unfrequently results in their destruction. In the Dark Ages of Europe the historian of medicine finds details of a dancing mania, *Tanzwuth*, which, perhaps, gave rise to the popular tale of the fiddle, which when played forced every hearer, no matter how unwilling, to dance to its sound. Then there are the strange witch epidemics, and St. Vitus' dances, no doubt explicable by the same theory.

Late and careful observation goes to show very strongly that constant association with persons of unsound mind almost invariably affects injuriously every one. It is especially noticeable in children, who should never be allowed to have as companions the idiotic, or the monomaniac. But even the nurses and physicians who have asylums and wards for mental diseases under their charge contract observable peculiarities of thought and manner, betraying their employment.

Dr. E. Cyon, of St. Petersburg, has approached this subject from a practical point of view, in an admirable article in Virchow's *Archiv*. He recently made a journey to the principal asylums of France, Germany, England, and Belgium, to investigate the various systems of treatment in vogue. He was much pleased with the establishment at Gheel in this latter country. It is on the family plan, the patients being distributed as boarders in the different families of the town. This seems to work very well for the patients, but by no means to have such good results as might be wished for the natives. Indeed, Dr. Cyon starts out with the significant query, "Is not the founding of such establishments for the cure of the mentally diseased, at the same time a founding of establishments for the promotion of mental feebleness and idiocy among a community?"

He found the natives of Gheel are uncommonly stupid, confused, and narrow. He talked with one of the most respected burghers for some time, and left him under the full conviction that this was one of the insane patients—an impression he was much astonished to have rectified. Indeed, the inhabitants of Gheel are proverbial for miles around for a dulness of intellect, remarkable even among the Flemish peasantry. On the whole, so serious a defect does he consider this in the system, that he does not feel at liberty to recommend it for adoption in Russia.

Is it True?

A correspondent calls our attention to a paragraph going the rounds of the papers, to the following effect: "A man, residing in the vicinity of Montreal, Canada, who was recently bitten by a mad-dog, became so frantic that he had to be smothered between two beds." No doubt this is a gross misrepresentation, but we call the notice of our Canadian brethren to what we regard as an aspersion.

Notes and Comments.

Treatment of Bronchorrœa by Tar-Water.

The *Eau de Goudrou* which a chemist in Paris, by name GUYOT, is advertising and selling largely, is little else than tar-water—aqua picis. It is found of great efficacy in the treatment of broncorrhœa and allied complaints. It is strange that the balsams are so much neglected by physicians. Not long since, one wrote to us that he had been cured of what he believed to be, and what his medical friends pronounced to be consumption, by their use. He seemed to think he he had left the regular practice in submitting to this treatment, when, in fact, their use has been recognized as efficacious for generations. They should be more extensively employed.

Salts of Sodium and Potassium.

In a late number of the *Gazette Hebdomadaire*, M. RABUTEAU gives his opinions strongly in favor of using the iodide and bromide of sodium, instead of the corresponding salts of potassium. The former are more readily borne by the stomach, and are not poisonous, as unquestionably the latter are when used in large quantities. This is especially the case in lead-poisoning, where the iodine in the iodide of sodium, forms the iodide of lead quite as rapidly as when combined with potassium. In the same way, it should be preferred in the treatment of mercurial poisoning.

Death by Morphia.

A man was found dead in a state-room of a steamboat at Louisville, last month. He was identified as Capt. B. S. COFFEY, a well-known native of Kentucky. A chemical examination, by Drs. KASTENBINE and JENKINS, revealed about one half-grain of morphia in the stomach. The following questions were asked by the coroner:

Q. Did you find enough to produce death?

A. That which was found in the investigation had not entered the system yet. It was what remained unabsorbed into the blood. I have no idea how much was absorbed into the blood?

Q. What is the smallest poisonous dose of morphia?

A. That is a question which cannot be answered unless we consider the idiosyncrasies, habits, and ages of individuals taking this drug. For example: In very young persons and adults peculiarly susceptible to the effect of narcotics, a very small dose would be dangerous. Ordinarily, in adults, the fourth of a grain is an average dose. A full grain would be attended with risk in persons unaccustomed to opium. I believe it is on record that one grain of morphia has proved fatal to an adult. It is also recorded that persons have recovered after taking as much as ten or fifteen grains, without any of the poison being expelled from the stomach by vomiting or otherwise.

The verdict was, death from morphia.

It is singular, in the record of this case, that although a physician was called in apparently twelve or fifteen hours before death, he made no attempt, either by hypodermic injections or enemas, to bring the patient under the influence of atropia. The neglect of such a well-known antidote was reprehensible.

Uses of Arsenic.

We notice in some of our exchanges that arsenic in small doses has been recently employed with very satisfactory results in the treatment of hemorrhoids. It was also observed to act very kindly in cases of chronic prostatitis, in at least one instance curing an obstinate and distressing case of many years' standing.

Poisonous Paper Hangings.

The dangers families often incur from dwelling in rooms papered with injurious substances are set forth in an article in the *Journal of Applied Chemistry*. It mentions a recent case in which a paper-hanger of Roubaix, in France, lost his life by partaking of his breakfast without having first washed his hands; he had, just previously, been handling wall paper, colored green with the arsenite of copper, or Scheele's green. Another variety of color, called Sweinfurth green, also composed of arsenic and copper, is often used in the manufacture of papers, and though not extremely volatile, still, the almost infinitessimally small particles, continually escaping and pervading the atmosphere, are sufficiently cumulative in their effects upon the human economy to produce, frequently, the most disastrous results.

Another article, known by the name of king's yellow, which is often used for the same purpose, consists of a sulphuret of arsenic, which is likewise a virulent poison. When the effect of merely inhaling the floating particles of these poisons is not so manifest, the touching and handling of the papers on which they are placed will often produce serious illness, and this is more frequently the case with young children. Children are especially attracted by bright colors, and when these are exhibited in ornamental designs upon the wall, the young folks very naturally are attracted by them, and, child-like, they will not become satisfied until they can see,

handle, and in many cases, taste the object of their admiration.

Many of the lead colors, and those derived from other poisonous metals, are also used for walls.

Female Dentists.

It is well sometimes to go abroad to learn home news. In the *Deutsche Klinik*, for June 20th, we learn that a young lady from Holstein has, after many difficulties, obtained the permission to study at the the Dental College in this city, (Philadelphia,) and is winning golden opinions from the professors for her diligence. When graduated she expects to return to her fatherland, and has already written to a German "Society for increasing the employment of Women," suggesting this as specially well adapted to her sex. We may consequently expect an invasion of our dental as well as our medical colleges ere long.

Spirtual Matters.

Prof. Tyndall has recently offered to investigate the alleged spiritual phenomena which Mr. Home asserts that he can produce. The latter declines, and the unbelieving press rejoice greatly thereat. But as the *Scientific American* very justly observes, the conditions which Prof. Tyndall, and before him Faraday, required of Mr. Home were such that he could not possibly consent to them without virtually conceding at the outset that he was an impostor. This is not the proper scientific spirit. It is not impartial investigation. Nor will such a method ever show the real absurdities of spiritualism. In precisely a similar spirit is Baron Reichenbach's work, "The Odic Flame," (Die Odische Lohe,) reviewed in a recent number of the *Wiener Medicinische Presse*. Ridicule is the easiest, but also the feeblest argument.

Collins' Disinfecting Powder for Foul Apartments.

Two parts of fresco and dry chloride of lime and one part of burnt alum intimately mixed, are found more efficacious in destroying or neutralizing putrid odors than either of these substances when used alone. The compound powder may be placed on a shallow plate or similar article; if the weather be damp, no addition of water is necessary, but in a very dry atmosphere, a little water is better.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Interesting Case in Practice.

Editors of the Medical and Surg. Reporter:

Was called to see a woman who was supposed to have the dropsy. Two eminent physicians diagnosed her case as hopeless ascites. Mrs. B., 40 years of age; married two years ago the second time; had six or seven children with her first husband. Thought herself pregnant about a year ago; thought she felt quickening, but felt different from what she used to with her other children. Her menses had stopped, but the history of her case was not very clear to me; it seems that her husband did not think, or would not believe that she was pregnant; he made her take a great many bottles of Jayne's Expectorant and other nostrums. I was shown a barrel full of empty bottles and pill-boxes. About two months before I saw her, she called on Dr. S., who told her that she had dropsy, and prescribed cream of tartar and assafœtida. A week before I was called, Dr. B. visited her and confirmed the diagnosis of Dr. S. When I saw her, she was sitting in an arm-chair, propped up by pillows, not able to bear an horizontal position; she was gasping for breath; her face, sallow and jaundiced, expressed anxiety and pain. Abdomen evenly enlarged, but the skin was not tense, but easily movable over the tumor; percussion gave a dull sound in front, below and lateral, epigastrium gave a slightly tympanitic sound. Taking hold of the abdomen with both hands, on right and left side, I could move the tumor; fluctuation very doubtful. Standing the patient on her feet, I examined her vagina, found over the pubes in front a large flabby tumor; sweeping over it backward I found it to be the uterus; os high up behind, closed, neck obliterated forming loose folds around the os. Having to hurry my examination on account of the patient's debility, I could not employ an uterine sound, but I had seen enough to convince me that there was no ascites. I prescribed some morphia, and to relieve the loaded intestinal canal, I gave podophyllin and leptandrin. Her legs were enormously swollen from the knee down to the toes.

Not being able to make out a precise diagnosis at my first call, I concluded to watch the case, and treat according to symptoms. What could it be? Dulness of percussion in whole front of abdomen, excluded ascites; lateral dulness ex-

cluded ovarian dropsy; the little tympanites in epigastric region disappeared also after the exhibition of podophyllin, leptandrin and iodide of mercury.

In the course of a few days' treatment the woman expressed herself much better, her appetite returned, she could sleep very well again, although sitting in her chair; her face assumed a healthy color, dispnœa had disappeared, her bowels acted freely; her pulse kept at 120 per minute, however.

Thus matters stood for several days, when I was sent for in haste. I found Mrs. B. gasping for breath again, her legs swelled more, if they could possibly swell more. She begged for God's sake to relieve her if possible; believing that there must be water in her abdomen she begged to be tapped and have her legs tapped also if possible. She could not stand the pain any longer. She had had fainting spells through the night; her attendants thought her dying. I gave her a dose of morphine, directed her legs to be steamed, and bandaged with a long roller, as in varicose veins. I promised to come back next morning and make another examination, and if I should be convinced of the presence of fluid I would tap her. Next morning found her much easier again, had slept well, swelling of extremities gone down. I had her stand up, supported by two assistants. On introducing finger into vagina found the uterus more flabby, os within easy reach, but closed; managed, however, to introduce a vaginal sound, which went up about two inches, when I felt some elastic obstruction; handling the sound carefully, but using a little more force, I was suddenly startled by the gush of a greenish-yellow liquid, to the amount of two or three ounces. Replacing the woman on her chair, I felt her abdomen to feel quite soft and flabby, but during this manipulation it became suddenly hard again, and Mrs. B. remarked that another gush had come; this was repeated several times in the course of half an hour. It was now clear the womb was the tumor, and it made active contractions; there could be but little doubt any longer about the nature of the tumor. I directed a mild cathartic again, her bowels not having moved for several days, and then told the woman to keep quiet, and have good hope. Next day I found the os uteri dilated about two inches in diameter; was told that much fluid and some black clots passed off. I discovered through the os a large round soft body, not fluctuating nor yielding, however, any; it was no fœtal head, might be a breach presentation. I here must remark, that the os, although dilating and dilated, had a dead leather-like feel, quite different from the feeling in natural labor. Up to that time the woman said that she had not felt any labor pain, only a little pain in the back. Not knowing yet whether I had to do with a dead fœtus or a tumor of some kind, I abstained from all active interference, but concluded to wait, since so far things were doing well. I told my patient if in my absence strong pains should come on to call in her midwife, who only lived a few doors below; if she should find that it was a dead child she should go on, but if anything strange should turn up, they should have to send for me. I knew the midwife to be a sensible and skilful hand, and could well trust her. To make the story short, in the evening, at 7 o'clock, a dead female full grown fœtus was born. At my morning visit I found Mrs. B. in bed, in the highest transport of joy. Having expected for weeks nothing but death, we may easily imagine her feelings. She made a rapid recovery. The dropsical effusion left her legs in a few days.

New Albany, Ind. OCCIDENT.

Puerperal Mania Treated by Bromide of Potassium.

EDITORS MEDICAL AND SURGICAL REPORTER:

Mrs. H. was confined on the 24th of June. She had previously borne ten children. No physician was present at this, her eleventh confinement.

June 29th. Dr. A. ROTHROCK was called to see her. On reaching the house (distance seven miles), he found the patient lying in a small room, which at best was but poorly ventilated, and the air of which was at the time absolutely foul. It was at once apparent to him that he had to do with a case of metritis. The pulse was tense, and over one hundred. There was a high fever, with an occasional slight remission. The uterus was hard and excessively tender. The abdomen was tympanitic. The lochia were entirely suppressed. She was put upon calomel, opium and ipecac., with intervening doses of spiritus ætheris nitros. A poultice of bread and milk was applied over the abdomen. Oleum ricini was directed, to work off the calomel, etc.

June 30th. Patient was seen at 10, A. M. There was less fever, but paroxysmal pains, resembling after pains, were occurring. Pulse was 90. She had had some rest during the previous night; calomel, opium, ipecac. and champhor, alternating with nitre, were again directed. Ice was applied to the head, sinapisms to the ankles, and bread and milk poultice to the abdomen.

July 1st. Mrs. H. was better. Uterus was throwing off the contained clots, and was considerably reduced in size. In a word, convalescence seemed decided.

2d. Dr. A. R. was sent for in haste. He found the patient in most violent delirium; imagining herself in the regions of Avernus, and surrounded by all its horrid associations. Force was required to keep her in bed. There was an occasional interval, not of sanity, but of comparative quiet. Opium in three grain-doses was ordered every hour, or until sleep was produced.

3d, 9, A. M. The patient had had a short sleep after taking twelve grains of opium, but awoke more furious than ever. Opium was again directed and in the same dose.

3d, 6, P. M. Still no rest for the sufferer. Treatment was changed, and five grains of camphor every two hours, (as directed by Churchill), substituted for the opium. Ice to head continued.

4th, 9, A. M. Patient was much worse. She had obtained no sleep during the previous night, and was more demented than ever. Bromide of potagsium was given; first a thirty grain-dose, then ten grains every hour. Ice to head continued.

4th, 5, P. M. Drs. A. Rothrock, Howard, Van Valzah, and myself met in consultation. Immediately after giving the first dose of the bromide in the morning, Mrs. H. obtained one hour of sleep, and had dozed away the rest of day. She was now much more calm, and in fact almost sane again. The bromide was continued, and a dose of fifty grains administered at once, to be followed by ten grains more each hour, or until the patient slept. Dr. V. advised removing the hair and continued application of the ice to the head. He also suggested bleeding, unless there was a decided improvement by the following morning. Her bowels not having been opened for forty-eight hours, calomel and podophyllin were exhibited.

5th. Patient slept well all the previous night, and was still inclined to sleep. On being awakened, she was found quite rational, but complained of weakness and hunger. She was comparatively comfortable and cheerful. The purgative taken had acted freely, and to check it acetate of lead and opium were directed. The bromide was still continued, but in greatly reduced doses. Patient manifested an aversion to it now, but this was doubtless owing to its association with the calomel and podophyllin of the previous nights.

From this time the convalescence was marked, and the treatment, of course, tonic and supporting. I have just heard the sequel from Dr. A. Rothrock: "Mrs. H. has continued to improve since you saw her. She was so well that I did not visit her yesterday. I saw her to-day (July 10th). She slept without much interruption for several days, until she had quite recovered from the effects of her prolonged insomnia."

It is, of course, unsafe always to accredit the medicine last used with the *cure;* but in the case of Mrs. H., the transition from the wildest delirium to sleep, and then to calmness, *immediately* after the exhibition of the bromide of potassium, was so marked that we can hardly avoid regarding it as the active agent in the change. Possibly, much of the subsequent sleep may have been the lingering result of the opium, but this I am inclined to doubt.

We may at least infer the *critical change* from raving mania and insomnia to sleep and perfect tranquility, was due to the bromide; such, at least, seems to be the verdict of those who saw the case.

J. T. Rothrock, M. D.

Centre Co., Pa.

Scirrhus of Pylorus.

Editors Medical and Surgical Reporter.

Mrs. A., aged 65, mother of five children, has had slight dyspepsia for three years. Saw her first, January 13th, 1868, at which time there was nausea with eructations, continued pains in bowels, with general derangement of digestive organs, attended with constipation. On February 3d, for the first time, there was noticed a hard tumor in the abdomen, extending from the left iliac region across the umbilical, just below the "naval"—this was about four inches in diameter. This was not tender to the touch, being movable from one side to another, evidently being detached from the walls of the abdomen. February 4th, the enlargement remains the same; her appetite, heretofore good, has failed her, the eructations increasing in intensity. An enema was given, which brought away impacted feces, of a dark color, and offensive odor; the pulse more feeble, the patient becoming very much emaciated, and not being able to retain anything in her stomach. She gradually sank until the 18th, 9, P. M., when she died from asthenia.

The treatment throughout, was palliating and supporting.

Inspection three hours after death: general appearance indicated a cancerous cachexia. Upon exposing the abdominal organs, there was

found the lesser curvature of the stomach dragged down to the umbilical region. Upón opening the stomach it was found to contain a dark, yellow fluid; at the pylorus was found a hard mass, composed principally of glands, on the inferior surface, infiltrated with a dense cancerous deposit. This was in such quantity as to allow a medium size bougie to pass with difficulty. This extended about three inches in length The muscular and mucus coats of pyloras were destroyed; a semi-certilaginous tissue remaining. A microscopic examination developed well-marked cancer cells, with every large nuclei, both in the muscular and mucus infiltrated tissue. The other organs of abdomen were healthy. ?

Death from Sulphate of Magnesia.

EDITORS MED. AND SURG. REPORTER:

A ruinous and fatal idea of beauty prevails, to an alarming extent, among the young ladies of the United States. Any cosmetic producing a pallor of the face is profusely applied; any substance which will rob the blood of its vitality and red globules, and send debility throughout the organism, is greedily swallowed, and sent on its destructive mission. A small waist is considered the perfection of form, when, in truth, it is the opposite, and only a distortion of that development which nature would give, Where such deformity cannot be induced by a listless, sedentary life, it is brought about at the sacrifice of happiness and health. This fanaticism, or monomania, is yearly carrying many of its votaries to premature graves, or rendering them sad images of degenerated women.

The young lady of whom I speak particularly, was beautiful, amiable, and accomplished; with wealth and friends, and all the surroundings to make her happy. Unfortunately, she was induced to try and reduce her plump, healthy body to paleness and delicacy; and according to her statements, used sulphate of magnesia in large quantities for over a year. Her failing health led to a development of the cause. She was a strong, vigorous, healthy girl; had safely passed the period of puberty, and had a regular and healthy menstruation. The result of the medicine was to close all the channels of health, and produce all the pathological changes in the blood observable in anæmia or chlorosis, and resulted in a confirmed and fatal case of anæmia. Her former healthy development gave way to a spare, lank, cadaverous physique; her courses ceased, the face became pale, the eyes sunken, the hands long and cold, the gums pale and flabby, the appetite morbid and capricious.

But the sad effects did not end with the loss of health to the body; the mind gave way also. Amiability yielded to moroseness; intelligence, to vacuity; memory, to forgetfulness and abstraction; care and concern for others, to disrespect and asceticism. In a word, beauty and intelligence were succeeded by a wreck of body and mind. She was insensible to all the appliances of medicine; travel, change of climate and associations were of no avail. "The silver cord had been loosened, the golden bowl broken," and she sank to a premature grave. Were this an isolated case, we would be silent, but every town and city, and female seminary, have such cases; they occur in the experience of every physician, and many parents mourn over the blasted health of a once vigorous and healthy daughter.

H. P. AYRES, M. D.

Fort Wayne, Indiana.

Parasite of the Cheek.

EDITORS MED. AND SURG. REPORTER:

Being desirous of gaining satisfactory information concerning the features and etiology of the following case, I hereby transmit it in toto to your many readers, hoping to receive an answer containing abundant light on the subject, from some veteran in the service.

In the month of February, 1867, while residing in Victoria, Illinois, a boy, five years of age, and of a scrofulous diathesis, came into my office, accompanied by his mother, who wished me to examine the little fellow's left cheek. There was quite a protuberance manifested, in character approaching that of a good-sized boil, which was attended with redness, and at times a considerable pain, causing irritableness of temper, sleeplessness, and anorexia. Thinking it arose from an impoverished state of the system, I prescribed an alterative cathartic, with a local application of ung. hydg. nit. But at the expiration of a week, contrary to my diagnosis, and much to my astonishment, upon slight pressure, a curious object was developed, which, upon examination, proved to be alive, three-fourths of an inch in length, nearly transparent, and surrounded with several rings or joints. Upon removal of the object, the tumefaction subsided, and the cheek soon returned to its natural appearance. As I was in possession of no microscope, my parasitic investigations were very much limited and unsatisfactory. No case of the kind has since appeared in any member of the family, and as far as I could ascertain, (within bounds of possibility,) the patient had eaten no raw meat or vegetables. Therefore, what caused the ap-

pearance of the animal in this particular? How was the germ sown? Was it a species of guinea worm, trichina spiralis, acarus scabii, or what?

G. H. Vance, M. D.

Oneida, Ill.

News and Miscellany.

Carbolic Acid in Veterinary Medicine.

This acid has been found of the greatest use in the treatment of diseases common to sheep. Scab is cured by dipping the sheep in water containing a small portion of the acid, and allowing it to remain about one minute. For this purpose the pure concentrated acid is too expensive, and an emulsion of the crude acid in soap and water is to be used instead. A bath containing .017 of it is sufficient to effect a cure. For foot-rot an ointment should be made of the crude acid and grease, placed in a shallow stone tray, and the sheep driven through it. If cattle or horses are annoyed with flies or other insects, a weak solution of carbolic acid rubbed through the hair will be found an effectual protection.

To Remove the Taste of New Wood.

A new keg, churn, bucket, or other wooden vessel, will generally communicate a disagreeable taste to anything that is put into it. To prevent this inconvenience, first scald the vessel with boiling water, letting the water remain in it until cold; then dissolve some pearlash or soda in luke-warm water, adding lime to it, and wash the inside of the vessel well with this solution. Afterward scald it well with plain hot water, and rinse it with cold water before you use it. The reason for this is the ready combination of resinous matters with alkalines to form compounds soluable in water. The resinous substances of wood, while new, cause a disagreeable taste and odor in substances kept in wooden vessels.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Innes—Wright.—At the residence of the bride's father, by the Rev. L. G. Leonard, D.D., Perrott, youngest son of the late Robert Long Innes, C. E., formerly of Her Britannic Majesty's 37th Regiment of Infantry, Londonderry, Ireland, and Laura, eldest daughter of E. B. Wright, M. D., Lebanon, Ohio.

Sterrett—Brooks.—At Pittsburgh, Pa., June 30th, by the Rev. S. F. Scovel, David Sterrett, Esq., of Franklin, Pa., and Emma C., youngest daughter of the late Jeremiah Brooks, M. D.

Tarbell—Oliver.—At Cape Elizabeth Ferry, Me., June 27, by Rev. U. Rideout, Wm. E. Tarbell, M. D., of Vassalboro,' Me., and Maria P. Oliver, of Boston, Mass.

DIED.

Buvinger.—At Pittsburgh, Pa., on the 12th inst., of inflammation of the bowels, Gertrude E., infant daughter of Dr. C. W. and Emma P. Buvinger, aged four months and nine days.

Gamble.—In London, England, June 26th, George Gamble, M. D., (second son of James and Elizabeth A. Gamble, of Cincinnati.) in the 30th year of his age.

Hildreth.—At Zanesville, Ohio, June 21st, Mrs. Rhoda Hildreth, widow of the late Dr. S. P. Hildreth, one of the pioneers and the historian of Ohio. She was born in New Bedford, Massachusetts, August 25, 1785, and went to Ohio with her husband in 1808.

Style.—In Wilmington, Del., June 23, Dr. Augustus C. Style, aged 54 years and 9 mos., formerly of Jackson, Me.

Walter.—At Madisonville, Ohio, near Cincinnati, July 6th, 1868. Mrs. Julia B., wife of Dr. J. S. Walter, aged 32 years, 6 months, and 10 days.

OBITUARY.

Dr. Nathan Shoemaker.

This venerable gentleman died in Philadelphia on the 11th of June, in the eightieth year of his age. The deceased was one of the old school physicians, and had enjoyed a long and extensive practice. He was a cotemporary of the well known Philadelphia physicians, Drs. Chapman, Hartshorne, and Moore, and the elder Jos. Parrish. He retired from practice about a quarter of a century since. He died full of years, and full of honors and in a Christian's faith.

ANSWERS TO CORRESPONDENTS.

Dr. R. D. W., of Pa.—A good tonsillotome will cost you about $6.00. We know of none better than Fahnestock's, if it is only kept in good order. We can get you a second hand one in perfect condition for $5.00.

Dr. W. B W., of Ark.—"How early would you begin treatment of a new-born child for talipes varus? Could suitable apparatus be procured in your city by giving age, etc., and sent by mail?" Treatment had better be commenced when the child is two or three months old. You could procure the apparatus here by sending measurements, &c.

☞We have received a letter from Cadiz, Ohio, enclosing $5.00 without signature. Will the writer please inform us of his name?

Dr. J. W. P. B., of Md.—A good wired skeleton costs $45.00.

Dr. J. M. C., of Ind.—Dr. Pallen's Essay on Uterine Abnormities can be obtained from the author in St. Louis; or in the 17th vol Trans. Am. Med. Assoc. There is a quarterly Medical Journal published at Keokuk, Iowa.

Dr. T. H, D., of Pa—Loomis on Physical Diagnosis costs $2.00 A stethoscope, single, best make, costs $1.50.

Dr. T. M. L., of Cal.—You will see by looking at p. 15 current volume, that we have anticipated your request. We will take steps to procure at once the volume of Transactions you refer to.

Dr. F. D. C., of N. Y.—A good working microscope costs about $55.00. This is the price of Woodwards Student's microscope, which is a very good instrument.

METEOROLOGY.

July.	6,	7,	8,	9,	10,	11,	12.
Wind.....	E.	S. E.	S.	S. E.	N. E.	S. W.	S. W.
Weather....	Clear.	Cl'dy, Sh'r. t. & l.	Clear. Sh'r.	Clear. Sh'r.	Cl'dy.	Clear.	Clear.
Depth Rain..		6 10					
Thermometer.							
Minimum	60°	63°	68°	67°	64°	65°	68°
At 8, A. M.....	78	73	77	77	72	77	81
At 12, M.....	85	86	87	86	78	86	90
At 3, P. M.....	87	88	88	82	79	87	91
Mean.....	77.50	77.50	80.	78.	73.25	78.75	82.50
Barometer.							
At 12, M.....	30.2	30.1	30.	30.1	30.2	30.1	30.1

Germantown, Pa. B. J. Leedom.